

12111

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>181</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>677</u>
Town of _____			Local Registrar No. _____
or _____			
City of _____	No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Mitchell puhara</u> If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births. <u>1</u>	4. Twin, triplet or other. <u>1</u>	6. Legitimate? <u>yes</u>
5. No., in order of birth. <u>1</u>		7. Date of birth <u>aug. 27, 1924</u> Month day year	
8. FATHER		14. MOTHER	
Full name <u>John puhara</u>		Full maiden name <u>Rosa Rodriguez</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>white</u>		16. Color or race <u>mex.</u>	
11. Age at last birthday <u>51</u> (Years)		17. Age at last birthday <u>29</u> (Years)	
12. Birthplace (city or place) <u>Austria</u> (State or country)		18. Birthplace (city or place) <u>Colorado</u> (State or country)	
13. Occupation <u>miner</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>5</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8 p.</u> m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>J. C. Harper M.D.</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Globe, Ariz.</u>	
Month, day, year. _____		Filed <u>9-8</u> 1924 <u>9-8</u> 1924	
Registrar. _____		Local Registrar. _____ County Registrar. _____	

471-827-999